

License May 1, 2004 to April 30, 2005

Commercial Shellfish / Marine Worm Digger 2004

Commercial Harvesting Application

Instructions: This form may be used to apply for, or renew licenses. Please provide all information requested, delays may result from incomplete applications.



Part A: Applicant Information

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Soc. Sec. No: _____ or Fed. Emp. ID: _____
Telephone: (____) _____ Birthdate: _____
Weight: _____ lbs. Height: _____
Hair Color: _____ Eye Color: _____
E-mail Address: _____

Part B: Fishery Information

Check all licenses requested.

LICENSE FEES ARE NOT REFUNDABLE

	Renew	New	Fees
Commercial Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	\$115
Marine Worm Diggers	<input type="checkbox"/>	<input type="checkbox"/>	\$ 43

Red Tide Hotline 1-800-232-4733

Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

Vessels:

Will a boat be used with this license ? Yes ☐ No ☐

Boat Registration #/ Doc # _____

Boat Name _____

Boat Length _____

Town of Primary Anchorage _____

Part D: Certification

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct and, if applying for a resident license, that I have read and understood the residency requirements listed on the back of this form and meet those requirements.

Maine Drivers License # _____

(If you have no drivers license, see back of form for requirements)

(If you are under age 18 must list parents drivers license #)

If no license, explain why _____

Todays Date ____/____/____
Month Day Year

Applicant _____
(signature of applicant)

Parent or
Guardian _____

(Applicants under 18 must have a parent or legal guardian who also meets the residency requirements sign this form)

Under Title 12, Section 6306, signature of applicant authorizes inspection by Law Enforcement Officers. Application on its face indicates compliance with Statutory criteria.

Instructions:

Complete all information requested in **Part A** on the front of this form. Check all licenses requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. Read the **residency requirements** included on this document and **certify your application with your signature** in **Part D**.

Enclose this document in an envelope (we cannot accept applications by fax or phone) and include a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. Address to:

Licensing Division
Department of Marine Resources
21 State House Station
Augusta, ME 04333-0021

Check us out on the web! www.maine.gov/dmr

Residency Requirements: Any individual who has been domiciled in Maine for the past 6 months preceding the date of application is eligible for a resident license. A corporation is eligible for a resident license if it has been created and exists under the laws of Maine and it has existed in Maine for 6 months preceding the date of application. A firm or partnership is eligible if all of its officers or partners have been domiciled in Maine for 6 months preceding the date of application. For the purposes of this license application, a resident is a person who:

- A. If registered to vote, is registered in Maine;
- B. If licensed to drive a motor vehicle, has made application for a Maine motor vehicle operator's license;
- C. If the owner of one or more motor vehicles located within the State, has registered at least one of the motor vehicles in Maine; and
- D. If required to file a Maine income tax return on the previous April 15th, filed a Maine income tax return; or
- E. If none of the above apply, a signed statement from a local official verifying residency may be sufficient.

Credit Card Payment: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA ☐ Mastercard ☐ Discover ☐ Card No. _____

In the Amount of \$_____, expiration date _____

Signed by cardholder _____ date _____